

CLAIMS ONLY	Application Number <div style="font-size: 1.2em; font-family: cursive;">10/02097</div>	Filing Date 
Applicant(s)		

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
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Total Claims	6												

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Total Indep													
Total Depend	40												
Total Claims													

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